SEEC FORM 20

1. NAME OF COMMITTEE

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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2019 OCT 10 PM 3: 45

DO NOT Mark in This Space FOWINGAND CITY CLERK BRISTOL, CT

COVER PAGE

Page 1 of 17

	in for City Co	Junci (
2. TREASURER NAME				
Pirst David	М М.	Last For her		Suffix
3. TREASURER ADDRESS				
Street Address 163 Gus dui		Brishic	State	Zip Code 19 (2010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete of			6. DISTRICT NUMBER
(mm/dd/yyyy)				(if applicable)
7. CANDIDATE NAME (Complete only if	 Candidate or Exploratory Committee			
First	MI	Last		Suffix
8. TYPE OF REPORT (Check One Box)				
O January 10 filing	7th day preceding primary	7th day preceding referendum	Initial Contr	ribution or Disbursement
April 10 filing	30 days following primary	45 days following referendum	(PACs ONLY)	
July 10 filing	7th day preceding election	O Deficit	Amendment Type of Repo	
October 10 filing	12th day preceding election	Termination	Type of Kep	ort:
O24 Flour Independent Expenditure OPrimary OElection	(State Central Committees Only) 45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
au	`		~	
يال	uly 1, 2017	thru September	_30,2	019
10. CERTIFICATION				
I hereby certify and state, under per Disclosure Statement for the per TREASURER OR DEPUTY TREASURER	Tiou covered is true, accurate	at all of the information set forth on this te and complete. David M. For It complete.	i Itemized Cam	paign Finance / / / / / / / / / / / DATE (mnl/dd/yyyy)
A person who is f	found to have knowingly and v	willfully violated any provisions of the	aammaian G.	Secretaria de la companya della companya della companya de la companya della comp

faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Mary torter for City Council	October 10 filing			
	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		O		
12. Balance on hand at the beginning of Reporting Period	1940.00	1940.00		
13. Contributions Received from Individuals (Sections A and B)	825.00	2765.00		
14. Receipts from Other Committees (Sections C1 and C2)	0	0		
15. Other Monetary Receipts (Sections D through K)	0	0		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed	0	0 m		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	825,00	2765.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2765,00	2765.00		
19. Expenses Paid by Committee (Section P)	253.29	253.29		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2511.71	2511.71		
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0		
23. In-Kind Contributions Received (Section M)	0	0		
24. Refundable Deposit to Telephone Company (Section N)	0	0		
25. Loan Balance	0	\mathcal{O}		
25a. + Loans Received (Section D)	0	0		
25b. + Interest and Penalties on Loan	0	0		
25c Payments on Loan	0	0		
25d. Total Outstanding Loan Amount	0	6		
26. Campaign Expenses Paid by Candidate (Section Q)	0			
27. Expenses Incurred on Committee Credit Card (Section R)	0	0		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	O	6		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	291.89	291.89		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Mary Fortier for (ity Council	
A. Total Contributions from Small Contributors-Received	
	UBTOTAL SECTION A \$ \$25.00
D II	
Last Name	tributions from Individuals
Schur	Debra
Residential Street Address	Tity State Zip Code
le 1. Igrin 121	13/15/1 (1 06010
Principal Occupation	Name of Employer
Office Manager	Brooks Oil Service
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality Yes □No
Is this contribution associated with an Yes Is contributor a principal of a st	ate contractor or prospective state contractor') \(\subseteq \text{Vec} \)
event reported in Section L1? If yes. list Event # No If yes, indicate which brancof government the contract	ch or branches
Method of Contribution:	Date Received Aggregate Contributions
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order 8/15-)19
Last Name	First
Dorval	Andre
	State Zip Code
Principal Occupation	Bristol LT 06010
Probate Judge/Attorney	Resion 19 Probate Court / Self
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	a candidate for a chief executive officer of a municipality. associated with have a contract with said municipality Yes No
Is this contribution associated with an Yes Is contributor a principal of a sta	ate contractor or prospective state contractor?
event reported in Section L1? If yes, list Event # No If yes, indicate which brane of government the contract	th or branches No 3 C 3
Method of Contribution:	Date President
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money O	order 8/15/11
Cast Name	First
fortier	Elizabeth /
Residential Street Address 594 E. 19 th 51 th 1A	Brooklyn State Zip Code NY 11226
Social Worker	Name of Employer
	Memorial Sloan Kettering Cancer Ctr
s contributor a lobbyist, spouse. or dependent child of a lobbyist? If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive officer of a municipality. Amount of Contribution associated with have a contract with said municipality Yes No
s this contribution associated with an Pyes Is contributor a principal of a start event reported in Section L1?	te contractor or prospective state contractor?
Went reported in Section L1? No If yes, indicate which branch of government the contract is	
Method of Contribution:	Date Received Aggregate Contributions
☐ Cash	rder 8/18/19 200,00
SUBTO	TAL Section B — This Page /しょうの f additional Section B Pages しいこうの NDIVIDUALS (Sections A + B) Column A of Summary Page Totals)
TOTAL o	fadditional Section B Pages 65.00
TOTAL OF ALL CONTRIBUTIONS FROM I	NDIVIDUALS (Sections A + B)
(Enter total on Line 13,	Column A of Summary Page Totals) & ZC. DV

Section B ADDITIONAL PAGE ______ of _3____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	77/)	TYPE OF REPORT	
Mary Fortier For City	Council		O fo Topi
A. Total Contributions from Small Contributors-Rec		October 1	77119
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$ 825.	JO .
B. Itemized	Contributions from Indivi	duals	
Last Name	First		MI
Residential Street Address	Thomas		
596 E. 19th St #1A	BrookHYn		State Zip Code NY 11226
Principal Occupation Salas	Name of Employer	n Colivins	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/	400 to a candidate for a chief executives (she is associated with have a contract	e officer of a municipality	Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal o	☐ Yes ☐ No of a state contractor or prospective state		
event reported in Section L1? If yes. list Event # No If yes, indicate which of government the con	branch or branches	Legislative Po	100.00
Method of Contribution:	Date Received	Aggregate Contributions	_
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mo	oney Order 8/18/19		
Last Name	First Q		MI
Residential Street Address	Pina		
59 Strawberry Hill Rd	1 Bristol	i i	State Zip Code CT DWD
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	00 to a candidate for a chief executive she is associated with have a contract v	officer of a municipality, with said municipality	Amount of Contribution
s this contribution associated with an Yes Is contributor a principal of	f a state contractor or prospective state	e contractor?	
event reported in Section L1? If yes, list Event # No If yes, indicate which be of government the con	branch or branches	₽ No	19,00
Method of Contribution:	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	ney Order 915 19		
Last Name FESS AS O	First Ronald		MI
Residential Street Address 22 Skyline Dr.	City Water bury		State Zip Code C 0 6 70 6
Principal Occupation	Name of Employer		C) 00 10 %
Attorney	State u	FCI	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a candidate for a chief executive he is associated with have a contract w	officer of a municipality.	Amount of Contribution
s this contribution associated with an vent reported in Section 1.1? Yes No If yes, indicate which by the section 1.1?	a state contractor or prospective state		
If yes, list Event # of government the contra	ract is with:	☐ Legislative	100.00
Method of Contribution: ☐ Cash	ey Order 9/12/16	Aggregate Contributions	
	BTOTAL Section B — This P	Page 2	10.00
	L of additional Section B Pa	iges (e	10.00
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A	+B) 6 3	15.00
(Enter total on Line	e 13, Column A of Summary Page To	otals) 8	->. 00

Section B ADDITIONAL PAGE 2 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Mary Fortier For C. K.	Council		. 07 -
Proposition and Proposition an		October 1	o Filing
A. Total Contributions from Small Contributors-Receiv	ved this Period ONLY SUBTOTAL SECTION A	\$ 825.4	٠ ٦
	SEBTOTAL SECTION A	0 23.0	
B. Itemized Co	ntributions from Indivi	duals	
Last Name	First		MI,
Pulatier	Janes		
Residential Street Address	City 0 -		State Zip Code
Principal Occupation	12/13/21		CT 06012
Police Officer	Name of Employer	-	
	City of	Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Historia is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chide executive is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution
Is this contribution associated with an Yes Is contributor a principal of a s	state contractor or prospective state	contractor?	
event reported in Section I.1? If yes, indicate which brar of government the contrac	nch or branches	□ No	250,00
Method of Contribution:	1 -	Aggregate Contributions	2,0,00
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		rigaregate Contributions	
Last Name	First 9 1 1 9		
Anastasio	Jane		MI
Residential Street Address	City		State Zip Code
78 Holley Rd.	Bristol		State Zip Code CI OGO13
Principal Occupation	Name of Employer		-,
Clinical Lab Scientist	retive	e d	
Is contributor a lobbyist, spouse, Sor dependent child of a lobbyist? If contribution is in excess of \$400 to	o a candidate for a chief executive	officer of a municipality	Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she i valued at more than \$5,000?	is associated with have a contract was reasonable. Yes Ro	ith said municipality	A CONTRIBUTION
Is this contribution associated with an Yes Is contributor a principal of a s	state contractor or prospective state	contractor?	
event reported in Section L1? If yes, list Event # No If yes, indicate which bran of government the contract	ich or branches	₽ No	25.00
Method of Contribution:		Legislative ggregate Contributions	,
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C		aggregate Contributions	
ast Name	First		
Veits	William		MI T
Residential Street Address C	ity 0 -	Ts	tate Zip Code
31 Natalie Court	Bristol		CT 06010
Principal Occupation T 0	Name of Employer	· · · ·	
France Sax Preparation			Veits EA
s contributor a lobbyist, spouse, or dependent child of a lobbyist? No dependent child of a lobbyist? No descontributor or business he/she is	a candidate for a chief executive of	officer of a municipality.	Amount of Contribution
valued at more than \$5,000?	s associated with have a contract w	ith said municipality	
s this contribution associated with an Yes Is contributor a principal of a statement reported in Section L1?	ate contractor or prospective state of	contractor?	(0 0 -
Went reported in Section L1? No If yes, indicate which brane of government the contract	ch or branches	₽No	50,00
Method of Contribution:		Legislative ggregate Contributions	
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money C	Order 912119		
SUBTO	OTAL Section B — This P	age 32	5.00
TOTAL	of additional Section B Pa	ges S	0.00
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A +	·B)	
(Enter total on Line 13,	, Column A of Summary Page To	tals) Y Z	500

Section B ADDITIONAL PAGE 3 of 3

NAME OF COMMITTEE. (Provide Complete Name as Registered wi			TYPE OF REPORT	
Mary Forther For		ouncil	October	10 filing
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$ 825	, 20
Control Control of the Control of th				
В	Itemized Contr	ributions from Indivi	duals	
Last Name		First		MI
tother		EVA		_ <
Residential Street Address 820 Matthews St.	H Z City	Bristol		State Zip Code
Principal Occupation Retired		Name of Employer Retire	-	
	is in excess of \$400 to a	candidate for a chief executive		
or dependent child of a lobbyist? No does contribute valued at more	or or business he/she is a	ssociated with have a contract	with said municipality	Amount of Contribution
event reported in Section L1? No If yes.	indicate which branch	e contractor or prospective stat or branches	₽ No	100,00
If yes, list Event # of gov Method of Contribution:	vernment the contract is	Date Received	☐ Legislative Aggregate Contributions	
Cash Personal Check Credit/Debit Card Payroll D	eduction	1 1 .	Aggregate Contributions	
Last Name		First \		MI
tortier		1 Jannah	Nicol-	
Residential Street Address 188 Macaulty	City			tate Zip Code
Principal Occupation	51.		7	CT 66710
Copinion		Name of Employer	(
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	r or business he/she is as	candidate for a chief executive ssociated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1? No If yes,	utor a principal of a state indicate which branch vernment the contract is		e contractor? Yes	2 2 2 2
Method of Contribution:	Terminal the contract is		Aggregate Contributions	30.90
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll D	eduction	ler 71221,9		
Last Name		First		MI
Residential Street Address	City	, , , , , , , , , , , , , , , , , , , ,	S	tate Zip Code
Principal Occupation				
Time par Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	r or business he/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
event reported in Section L1?	tor a principal of a state indicate which branch of ternment the contract is		e contractor?	
Method of Contribution:		Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll De	eduction	ler		
	SUBTOT	TAL Section B — This	Page 13	5.00
	TOTAL of	additional Section B P	ages /o 9	5.00
TOTAL OF ALL CONTRIB			(+B)	5.20 5.20
그는 그는 그리는 이번 이번 시간을 하는 그림을 가는 사람이 하는 사람이 없었다.	mer wai on Line 13, C	Column A of Summary Page T	orais)	J

NAME OF CO	MMITTEE (Provide Con	nplete Name as Registered	with Filing Repos	sitory)		TYPE OF REPORT	19 £ Ī	
					ther Comm	uittees	10 W 1.14	4
Name of Committe	્રહ				Name of Treasi			
Address								
exumess.				Is this contrevent report	ed in Section L1	d with an Yes No? st Event#	Amount	of Contributio
City		State	Zip Code	Date Rece		Aggregate Contributions		
Name of Committee	e				Name of Treasu	rer		
					Trease			
Address		· · · · · · · · · · · · · · · · · · ·		Is this contri event report	ed in Section L1'		Amount	of Contribution
City		State	Zip Code	Date Rece		Event # Aggregate Contributions	·	
					*			
Name of Committee	;				Name of Treasur	rer		
Address				Is this contri	ed in Section L1?	with an ☐ Yes ☐ No	Amount	of Contribution
Sity		State	Zip Code	Date Recei		Aggregate Contributions	-	
Name of Committee	C2.	Reimbursement	s or Surpl	us Distribu	tions from	other Committees		
vanie of Committee					Name of Treasur	er		
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				· ·	Amoun	t of Receipt
		Reimburseme	ent for shared ex	xpense □Si	ırplus Distributio	n		, , , , , , , , , , , , , , , , , , , ,
Description								
lame of Committee	***************************************				Name of Treasure	er		
address				City	<u> </u>		State	Zip Code
					-			
Date Received	Expenditure # tif applicable)	Payment Type					Amount	t of Receipt
Description		Reimbursen	nent for shared	expense 🔲 S	Surplus Distribut	ion		
			SUBTO	TAL Section	C — This P	age		
			TOTAL o	f additional	Section C Pa	iges .		
	TOTAL OI	F ALL COMMITT	EE CONTR	UBUTIONS	AND RECEI	PTS 7	$\overline{}$,
	(Section	ns C1 + C2) (Enter tot	tal on Line 14,	Column A of S	ummary Page T	otals)		**************************************

W1. 4.4. 1-4	de Complete l	Vume u., 1	zgisiereu ,	Vun x tung.∧	epository)	<u> </u>		TYPE C	F REPORT	
Mary Fr	/n 1/	Hu,	Cory					0	tiber 10	Lo long
				D. Lo	ans Reco	eived this Perio	od		4	
Name of Lender						Source of Loan:		5,400		Date of Receipt
Street Address						☐ Bank ☐ (Candidate 🔟	Individ	ual Other Committe	
Street Address				City				State	Zip Code	Is there a Cosigner o
										Guarantor of this loar
Name of Cosigner/Guarantor (if applica	thle)			1						Yes No
										Amount Received
Street Address				City				State	Zip Code	
								State	Zip Code	
Name of Lender						· ,				
The state of the s						Source of Loan:	Candidate ['-dividi	· Dollar	Date of Receipt
Street Address							andidate 🗀	Inaiviau	ıal □ Other Committee	-
Sircet Address				City				State	Zip Code	Is there a Cosigner or
		-								Guarantor of this loan
Name of Cosigner/Guarantor (if applical	ble)									☐ Yes ☐ No
										Amount Received
Street Address				City	-			State	17. 0.1.	
								State	Zip Code	
Name of Lender										
Pane of Lenger						Source of Loan:	Sandidoto [· Caldo		Date of Receipt
Street Address		_				☐ Bank ☐ C	andidate 🗀	Individu	al □ Other Committee	
Street Address				City			1	State	Zip Code	Is there a Cosigner or
				ľ						Guarantor of this loan
V	ole)		-				1			Yes No
Name of Cosigner/Guarantor (if applicab										Amount Descious
Name of Cosign e r/Guarantor (<i>if appuca</i> b					•					Amount Received
Name of Cosigner/Guarantor (<i>if applicab</i> Street Address				City				C13	1 2 0 1	Amount Received
			-	City				State	Zip Code	- Amount Received
				City				State	Zip Code	Amount Received
				City		TOTAL SEC		State	Zip Code	Amount Received
				City		TOTAL SEC		State	Zip Code	-
Street Address		tities o	ther f		iwidna]s		TION D		0	
Street Address		tities o	ther t		lividuals	TOTAL SEC	TION D		0	
Street Address E. Receipts 1		tities o	ther t		lividuals		TION D		0	
Street Address E. Receipts 1		tities o	ther t		lividuals		TION D	Referei	0	
Street Address E. Receipts 1		tities o	ther t		lividuals		TION D	Referei	0	
E. Receipts I		tities o	ther t			or Other Con	TION D	Referei	0	ees ONLY)
Street Address E. Receipts 1		tities o	other t		lividuals State		TION D mmittees (Referei	Committe	ees ONLY)
E. Receipts I		tities o	other t			or Other Con	TION D mmittees (Referen	Committe	ees ONLY)
E. Receipts I		itities o	ther t			or Other Con	TION D mmittees (Referen	Committe	ees ONLY)
E. Receipts I same of Entity treet Address		titles o	other t			or Other Con	TION D mmittees (Referen	Committe	ees ONLY)
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E. Receipts 1 fame of Entity treet Address ity ame of Entity treet Address ty		tities o	other t		State	Zip Code	Date Rec	CReference Contribute	outions	Amount Received Amount Received
E. Receipts 1 Same of Entity treet Address ity ame of Entity reet Address iv		tities o	other t		State	Zip Code	Date Rec	ceived ceived ceived te Contrib	outions	Amount Received Amount Received

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

NAME OF COMMITT	EE (Provide Complete Name as Regist	ered with Filing Repository).		TYPE OF REPORT		
		7	siness Tropsury (P	iness Entity Committees ONLY)		
ate of Receipt	Is this transaction associ	4 1 1.1				
Name and Address of Control of Co	event reported in Section	ated with an Yes 1 L1? No	If yes, list Event #	Amount		
ate of Receipt	Is this transaction associ event reported in Section	ated with an Yes	If yes, list Event #	Amount		
nte of Receipt	Is this transaction associ event reported in Section		If yes, list Event #	Amount		
ate of Receipt	Is this transaction associatevent reported in Section	ated with an Yes No	If yes, list Event #	Amount		
			TOTAL SECTION	N F		
G. Amount T	ransferred from Affiliat	ed Labor Union or	· Other Organization	Treasury (Organization Committees ONI		
nte of Receipt		Date of Receipt	<u> </u>	Date of Receipt		
	Amount	Ai	mount	Amount		
			TOTAL SECTION			
	H. Personal Funds of t	he Candidate Rece	eived this Period (Can	ididate Committees ONLY)		
e of Receipt	Method of payment:			Amount		
	☐ Cash	☐ Personal Chec	ck	Card		
e of Receipt	Method of payment:			Amount		
	☐ Cash	☐ Personal Chec	k Credit/Debit C	Card		
of Receipt	Method of payment:			Amount		
	☐ Cash	☐ Personal Chec	k	Card		
e of Receipt	Method of payment:			Amount		
	☐ Cash	☐ Personal Chec	k	Card		
			TOTAL SECTIO	ON H O		
		I. Anonymous	Contributions			
amo	Per Public Act 11-48, Abount. If a committee reimmediately remit the o	ceives an anonym contribution to the	ous contribution, the	e campaign treasurer shall		

NAME OF COMMITTEE Provide Complete Name as Regis		TY	PE OF REPOR	T 2
			Octobe	er to Frling
Name of Institution	erest from Deposits in Autho	A CONTRACTOR OF STREET	- D : 1	
		Dal	e Received	Amount
Street Address	City	State	Zip Code	e
Name of Institution		Dat	e Received	Amount
Street Address	C			
NA ARTHREE AND	City	State	Zip Code	,
	TO	TAL SECTION J		5
K. Miscellaneo	ous Monetary Receipts not Co	onsidered Contr	ibutions	
Name			Date of Transac	Amount Receive
Street Address	City	St	ate Zip C	ode
Description				
A LINE COLOR OF THE COLOR OF TH				
Name			Date of Transact	Amount Receive
Street Address	City	Sta	te Zip Co	ode
Description		<u> </u>		
Name				
· viiii			Date of Transact	Amount Receive
Street Address	City	Sta	te Zip Co	ode
Description				
Name			Data of Turner	
			Date of Transacti	Amount Received
Street Address	City	Sta	te Zip Co	ode
Description			<u> </u>	
	TOTAL	TOTION		
CHMMADVAFO		SECTION K		
otal Loans Received this Period (Section D)	THER MONETARY RECEI	PTS (Sections D	through K)
otal Receipts from Entities other than Individuals	or Other Committees (Section E)			
otal Amount Transferred from Affiliated Busines		+		
otal Amount Transferred from Affiliated Labor U		+ (Section C) +		
otal Amount of Personal Funds of the Candidate		+		
otal Amount of Interest from Deposits in Authoriz		+		
otal Miscellaneous Monetary Receipts not Consid		+		
		r Monetary Rec	eipts	\mathcal{O}

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	w	TYPE OF REPORT		
	nu(October	lo fi	ling
E d'	nt Information			
Event # Date of Event Letter Description			Was this a □ Ye	fundraising even
Location: Street Address	City		J	
			State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?	☐ Yes (<i>If yes</i> , go to Section L: Associated with a Hou purchases made by hos ☐ No	ise Party and complet	te required inf	formation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (<i>If yes</i> , go to Section L and complete required ☐ No	4 In-Kind Donations information.)	not Considere	d Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	☐ Yes (If yes, enter Total Reco	eints here		-
with purchases from an individual of up to \$100?	□ No		\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com.	mittees other than Evploratory	Committee		
sign associated with this fundraiser?	☐ Yes (<i>If yes</i> , go to Section L3 or on a Sign and comp	Purchases of Advert	ising Space in	a Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Reco	cipts here.)	\$	
Event # Description Description			Was this a C	1
			was this a ft	undraising event No
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees)				<u> </u>
Was this event hosted at a personal residence?	☐ Yes (<i>If yes</i> , go to Section L5 Associated with a House purchases made by host(☐ No	e Party and complete	required info	rmation for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 and complete required in No	In-Kind Donations nations nations.)	ot Considered	Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	☐ Yes (<i>If yes</i> , enter Total Recei ☐ No	pts here.)	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Purchases of Advertis	sing Space in a	a Program Book
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass pathering held within the state with this fundraiser?	☐ Yes (<i>If yes</i> , enter Total Recei	ots here.)	\$	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fro	□ No om Sale of Donated Items — T	his Page		
SUBTOTAL Section	on L1—Subpart 3 <i>(Town Committe</i> pts from Food Purchases — Tl	es ONLY)		
	FOTAL of additional Section I			
TOTAL OF ALL RECEI (Enter total on)	PTS FROM SMALL PURC Line 16a, Column A of Summary P	CHASES	\mathcal{I}	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMM	MITTEE (Provide Complete Nam	ie as Registered with Filing Rep	ository)	TYPE OF REP	ORT .		
Ma.	The result of the second section of the second seco		u nci (000		10 fi	hni
	. L3. P	urchases of ^l Adverti	ising in a Pro	gram Book or on a Sign			
Name of Purchaser			~		Purchas	se Made By:	2010 - 1977 - 19 9 Y
					□Bu	siness Entity	□ Other
					1		Proprietorship
Street Address			City		<u> </u>	State	Zip Code
							1
Date Received	Event #	1					
The freeze of	LVent #	Aggregate Purcha	ases for All Events	Amount of Program Ad Purch	ase	Amount of S	Sign Purchase
ame of Purchaser							
					i	e Made By:	
					I	siness Entity	
treet Address			Cit		Ind	ividual/Sole	Proprietorship
			City			State	Zip Code
Date Received	Event#	Aggregate Purcha	ses for All Events	Amount of Program Ad Purch	250	mount of C	ign Purchase
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ame of Purchaser					Purchase	e Made By:	
					☐ Bus	siness Entity	☐ Other
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mo received	Exem "	Aggregate Purchas	ses for All Events	Amount of Program Ad Purcha	ise A	mount of Si	ign Purchase
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	CIBTOT	10 // 1 =					
	SUBTUTA	L Section L3 Total Pur	chases of Advert	ising on a Sign — This Page			
			For				
			1OTAL of	additional Section L3 Pages			
T	OTAL OF ALL PURCHA	ASES OF ADVERTISIN	NG IN A PROGI	RAM BOOK or ON A SIGN			
		(Enter total on	Line 16c, Colum	n A of Summary Page Totals)		$\langle \rangle$	

City State Zip Code	NAME OF COMMITT	TEE (Provide Complete Name	e as Registered with Filing R	(epository)	7	TYPE OF REP	PORT	
Description of Domain Description of Domaino Description of Domaino Description of Domaino Description of Domaino Dotter Market Value of Domaino Dotter	Mu	y fortist 1	For Coty (Courcil		Oct	ber 10 F	? (1 mi
Description of Donation Description of Donation Don			4. In-Kind Donat	tions Not Con	sidered Contributi	ons		
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Description of Donation Description of Donation D	Name of Donor							
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Sole Proprietorship Date Received Event # Aggregate Value for this Event							I an man,	AIUC OI DONAGOI
State of Donor		Date Received	Event #		Aggregate Value for the	is Event		
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Donation Given By: Individual Date Received Event # Aggregate Value for this Event Substiness Entity Individual Date Received Event # Aggregate Value for this Event State Zip Code Fair Market Value of Donation Fair Market Value of Donation State Zip Code City State Zip Code City State Zip Code State Zip Cod								
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ame of Donor Treet Address City State Zip Code Fair Market Value of Donation Individual Date Received Event # Aggregate value for this Event SUBTOTAL Section L4—This Page TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS		Date Received	Event #		Aggregate Value for this	s Event		
Total of additional Section L4 Pages City State Zip Code	and some requiremental							
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TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)			TC	OTAL of addition	nal Section L4 Pages			
(Enter total on Line 21, Column A of Summary Page Totals)	тот	AL OF ALL IN-KIND	DONATIONS NOT	CONCIDENTAL				
		AB OF AUD HARAIND	DUNA FIUNS NOT (Enter total on Line 2	CONSIDERED : 21, Column A of St	CONTRIBUTIONS ammarv Page Totals)			
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M	(Provide Complete Name as Registered with Filing	/ •		TYPE OF REPORT	
Mary	torher for Coty (councel		O Ahre.	r to Rom
L	5. In-Kind Donations Not Consi	idered Contributions	Associated with a]	House Party	
Name of Host			Is this event committee?	supporting more tha ☐ Yes ☐ No	
Street Address		City	If yes, co	omplete Itemization in	
		, and the second		State	Zip Code
Description of Donation				Fair Market Va	lue of Donation
Event #	Aggregate Value of this Event—all hosts	14			
	Ageogate value of this Evene—all mosts	Aggregate Value of all Eve	ents—this host candidate		
Name of Host			Is this event :	supporting more tha	m one candidate o
	•		committee?	☐ Yes ☐ No	
Street Address		To:-	If yes, co	omplete Itemization in	
		City		State	Zip Code
Description of Donation					
				Fair Market Val	lue of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Eve	ents—this host candidate	-	
Name of Host			Is this event s	L supporting more than	n one condidate or
			committee? [☐ Yes ☐ No	
Street Address			If yes, con	mplete Itemization in	
THOU PRINTED		City		State	Zip Code
Description of Donation					
				Fair Market Val	ue of Donation
ivent#	Aggregate Value of this Event—all hosts	Aggregate Value of all Even	ntsthis host candidate		
iame of Host			Is this event s	upporting more than	one candidate or
			committee? L	J Yes □ No	
treet Address		T _{cot} .	If yes, con	mplete Itemization in A	
11001710010177		City		State	Zip Code
Description of Donation				Fair Market Valu	ue of Donation
vent#					
veni#	Aggregate Value of this Event—all hosts	Aggregate Value of all Even	nts—this host candidate		
32 33 A 1 3 A 1 3 A 1 4 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	As the second of				
		SUBTOTAL Section	L5 — This Page		
		TOTAL of additional S	Section L5 Pages		
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ASSOCIATED WITH	OF ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on	OT CONSIDERED CO The Line 22, Column A of Sun	NTRIBUTIONS Page Totals		
	T.	Diffe 22, Column 71 of Gan	nmary rage rotats)		

III. NONMONETARY RECEIPTS (Sections M—O)

Page 12 of 17

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered wit	h Filing Repositor	אני			E OF REPORT		1 age 12 01 17
May forher for	, C,	ty (ouncis			0		v L	bry
Name		1	M. In-K	ind Co	ntributions				
ranc									
Street Address				·	City			184-4-	17: 6 1
•								State	Zip Code
Type of contributor:	Date Recei	ved	Aggregate Con	tributions	Description of Ir	n-Kind Contribu	ition		
☐ Individual / Sole Proprietorship ☐ Other									
Is contributor a lobbyist, spouse. Yes or dependent child of a lobbyist? No	uoes coi	bution is in stributor or t more thar	business ne/she	to a candi e is associa	date for a chief executed with have a contr	ract with said	f a municipality, municipality		Market Value
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	ij yes,	utor a principal, indicate which ernment the con	branch or	ontractor or prospector on transfer or prospector or prosp	tive state cont	ΠNo	OI thi	s Contribution
Name		01 g011	comment the con	illact is wit	n. L Execu	ttive Leg	islative		
Street Address					City			State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Receiv	ed ed	Aggregate Cont	ributions	Description of In-	-Kind Contribut	ion		
	If contri	hartina in i	0,040						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does coi	ntributor or at more that	business ne/she	to a candi is associa	date for a chief exec ted with have a cont	ract with said	of a municipality, municipality		Market Value s Contribution
Is this contribution associated with an event reported in Section L1? If yes. list Event #	☐ Yes ☐ No	If yes,	tor a principal of indicate which rnment the cont	branch or			□No		
Name		0. 80,0	Timent the cont	ract is will	i. Li Execut	ive Legis	stative	•	
Street Address					City			State	Zip Code
Type of contributor: Committee	Date Receive	ed	Aggregate Contr	ibutions	Description of In-	Kind Contributi	on		1
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	does con	oution is in tributor or more than	business he/she	to a candid	date for a chief executed with have a contr	act with said	f a municipality, nunicipality		Market Value Contribution
ls this contribution associated with an		s contribut	or a principal of	f a state co	☐ Yes ☐ N		ctor?		
event reported listed in Section L1? If yes, list Event #	□ No	If yes, n	ndicate which be nment the contr	ranch or l	oranches	ve 🔲 Legis	□No		
			SUBT	TOTAL S	Section M — This	Page			
			TOTAI	J of addi	tional Section M I	Pages			
TOTAL OF ALL IN-KIND CONT	RIBUTI	ONS (E)				5. E.M. 100	0		
	N.	Refund	able Depos	it to Te	lephone Com	nany			
ast Name of Individual				irst	Prove Comp	/ /	Тмі	Date Deposit	Made
esidential Street Address			City			State	Zip Code		
								A	amount of Deposit
ame of Telephone Company							1	_	
reet Address			City			State	Zip Code	-	
TOTAL SEC	TION N	(Enter to	tal on Line 24,	Column A	of Summary Page (Totals)			

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IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing	g Repository)	TYPE OF REPORT	•
Ma	my forther his City	Council	October	10 fr hori
	ř. E	xpenses Paid by Committee		
Name of Payee	P		Date of Payment	Method of Payment:
1	muje Ink Inc		8/27/19	Check # 352
Street Address	0 0	City	1010101	Debit Card EFT State Zip Code
1	02 Pane Rd	Neving	1-12	CT 06111
Purpose of Expenditure	Description		Event #	<u>'</u>
(p) cold (A) LNJ	Vost hangers }	Stuking		Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P R		-LL.D	239.29
(if applicable)	None of the below		спескеа)	2) (.2)
	☐ Coordinated with reimbursement sought (join ☐ Coordinated without reimbursement sought (i	C 11 1		
Name of Payee	- Contained Without Telinburschieft Sought (1	m-kind contribution)	Date of Payment	No. 1 and 1 and 1
11	nited States Posta	1 Sx /1/10	1111	Method of Payment: Check # 30/
Street Address	1100 1100 12	City	7-131 19	☐ Debit Card ☐ EFT
1	51 N. Main St			State Zip Code
Purpose of Expenditure	Description	: 13/15to		CT 06010
(by code)			Event #	Amount
Expenditure #		tal Stamps		
(if applicable)	Type of Expenditure (Itemization in Addendum P Re	equired unless "None of the below" is c	checked)	14.00
	☐ None of the below ☐ Coordinated with reimbursement sought (joint	t expenditure)	ent	
Owner and the second se	Coordinated without reimbursement sought (in			
Name of Payee			Date of Payment	Method of Payment:
				Check #
Street Address		City		☐ Debit Card ☐ EFT State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
•				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P R	Required unless "None of the below" is	checked)	
.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ None of the below			
	☐ Coordinated with reimbursement sought (join ☐ Coordinated without reimbursement sought (iii			
Name of Payee		Li Organizat	Date of Payment	Method of Payment:
			Date of Fayment	Check #
Street Address		City	<u> </u>	☐ Debit Card ☐ EFT
		City		State Zip Code
Purpose of Expenditure	Description			
by code)	Description	·	Event #	Amount
Expenditure # 'If applicable')	Type of Expenditure (Itemization in Addendum P Red	equired unless "None of the below" is ca	hecked)	
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	Coordinated without reimbursement sought (in-		on: o A o B o C o D	
		SUBTOTAL Section P —	204 2.11 (2007) 100 111	-5329
		TOTAL of additional Section	P Pages 2	-53.29 -53.29 -53.29
	TOTAL OF ALL	EXPENSES PAID BY COM		3 / (
	(Enter tota	I EXPENSES PAID BY COMP Il on Line 19, Column A of Summary P	VILLIEE \\ \text{Zage Totals} \	-53.29
			<u> </u>	<u> </u>

NAME OF COMM	MITTEE (Provide Complete Name as Registered with Filing Re	'epository)	TYPE OF REPOR	?T .
Mary	1 forter for long lowner	- '	0 00621	· 10 filing
	Q. Campaign	n Expenses Paid	by Candidate	
Name of Payee (Name o	of Vendor, Person or Entity who candidate paid directly)	-	Date of Payment	Is reimbursement claimed?
				☐ Yes ☐ No
Street Address	,	City	<u> </u>	State Zip Code
Purpose of Expenditure (by code)	Description	1	Event #	Amount
-				
Name of Payee (Name o	of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
		•		Yes No
Street Address		City		
				State Zip Code
Purpose of Expenditure	Description		Event #	
(by code)			Event #	Amount
Mana of Payee (Name o	of Vendor, Person or Entity who candidate paid directly)			
Name of rayee trume of	f Vendor, Person or Entity who canadate paid affectly)		Date of Payment	Is reimbursement claimed?
. 11				Yes No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
by code,				
Name of Payee (Name of	of Vendor, Person or Entity who candidate paid directly)		Date of Payment	to minds amont alaimad?
ı				Is reimbursement claimed?
Street Address		City		Yes No
		City		State Zip Code
Purpose of Expenditure	Description			
by code)	Description		Event #	Amount
Name of Payee (Name of	f Vendor, Person or Entity who candidate paid directly)		Date of Payment	ls reimbursement claimed?
				☐ Yes ☐ No
Street Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
by code)				
same of Pavee (Name of	Vendor, Person or Entity who candidate paid directly)		Data of Daymont	
	• • • • • • • • • • • • • • • • • • • •		Date of Payment	Is reimbursement claimed?
treet Address		To:		☐ Yes ☐ No
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	TOTAL OF ALL E	EXPENSES PAID	BY CANDIDATE	
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NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repo			TYPE OF REPORT O Nober	10 4	. l.a.
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Name of Issuing Ins		Type of Cree				
		☐ Visa		Discover Americ	an Expres	s 🗖 Other
Name of Vendor, Persor	or Entity					Fransaction
					Date of	ransaction
Street Address		City			State	Zip Code
					State	Zip Code
Purpose of Expenditure	Description		Event #			
(by code)						Amount
Expenditure #	Type of Expanditure (Itamization in Addandon D.B.				_	
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	☐ Coordinated with reimbursement sought (joint ex	xpenditure)	☐ Independent			
N. C.	Coordinated without reimbursement sought (in-k	ind contribution)	Organization: o	A 0 B 0 C 0 D		
Name of Vendor, Person	or Entity		,		Date of T	ransaction
Street Address		City			State	Zip Code
Purpose of Expenditure by code)	Description		Event #			Amount
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Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum R Requ	uired unless "None	of the helow" is chackage	· · · · · · · · · · · · · · · · · · ·		
ц <i>чүүлстк</i> у	□ None of the below					
	☐ Coordinated with reimbursement sought (joint ex☐ Coordinated without reimbursement sought (in-ki	spenditure)	☐ Independent		-	
vame of Vendor, Person o		ind contribution)	☐ Organization: o A	OB OC OD		
					Date of Tr	ansaction
treet Address						
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urpose of Expenditure by code)	Description		Event #			Amount
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xpenditure # Lapplicable)	Type of Expenditure (Itemization in Addendum R Requi	ired unless "None o	f the below" is checked)			
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	☐ Coordinated with reimbursement sought (joint exp☐ Coordinated without reimbursement sought (in-kir	penditure) nd contribution)	☐ Independent	. D 6		
			☐ Organization: o A	OR OCOD		
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	1	OTAL of additio	nal Section R Pages			
то	TAL OF ALL EXPENSES INCURRED O	N COMMITTI	EE CREDIT CARI	3		
	(Enter total on I	Line 27, Column A	of Summary Page Total.	<u> </u>	$\overline{}$	
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NAME OF COMMI	TTEF (Provide Complete Name as Registered with Filing Repository)	E OF REPORT	
Mar	y looker for lity Council	Dither	10 faline
	S. Expenses Incurred by Committee but Not Paid During th	is Period	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name of Creditor	David Forther		Date Incurred 6 / 20
Street Address	163 Goodwin St. Bristol		State Zip Code D 6 0 to
Purpose of Expenditure (by code)	Description Photocopies of flyer for Party in the Park Fundraise: City Bristol	1	Amount Incurred (Estimate or Actual)
Expenditure li al applicables	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Independent Coordinated with reimbursement sought (joint expenditure) Organization: O A	∘ B ∘ C ∘ D	34.10
Name of Creditor Street Address	David Further		Date Incurred
	Description First for Party in the Purk Gravage; Event#		State Zip Code CT 16060
Purpose of Expenditure (by code)	Description Food for Party in the Park Grazuse; Event#	1A	Amount Incurred (Estimate or Actual)
Expenditure # of applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	ов ос ор	206.87
Name of Creditor Street Address	Br. Hany Barney		Date Incurred
Purpose of Expenditure	128 Queen St. Bristic		State Zip Code OGO10
by code)	Find for Party in the Park Fundraises	14	Amount Incurred (Estimate or Actual)
Expenditure # of applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Восор	50,92
	SUBTOTAL Section S-This Page	29	1.89
	TOTAL of additional Section S Pages	()
POTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28, Column A of Summary Page Totals)	(\bigcirc
	Previously reported Expenses Unpaid and still Outstanding	2	91.89
	TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a, Column A of Summary Page Totals)	20	91.89 î 1.89

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repos	isitory)		TYPE OF RI	FPORT		
M.	ery tentre's for Coty Com	nuil		Oct		WA	iling
	T. Itemization of Rein	mbursemen	ts and Secondary	y Payees			
Last Name of Worker/Co	onsultant	First			MI	Date of Person	f Payment to Vendor, or Entity
Name of Vendor, Person	n or Entity Paid by Committee Worker/Consultant			Payment	to Reimburse	Committee	: Worker/Consultant as
O. S. M. S. Wanda				reported i	in Section P:		ebit Card
Street Address of Vendor	or, Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event	:#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requ	uired unless "No	ne of the below" is chec	cked)			
	☐ None of the below ☐ Coordinated with reimbursement sought (joint ex ☐ Coordinated without reimbursement sought (in-ki	xpenditure)	☐ Independent☐ Organization:		OC OD		
Last Name of Worker/Co.	nsultant	First			MI		Payment to Vendor. or Entity
	or Entity Paid by Committee Worker/Consultant	1		Payment to reported in	1 Section P:		Worker/Consultant as
Street Address of Vendor,	r. Person or Entity Paid by Committee Worker/Consultant	City				State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement None of the below Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	(penditure)	ne of the below" is check Independent Organization:		$C \cap D$		
Last Name of Worker/Con	sultant	First		OA OL	МІ	Date of P Person or	Payment to Vendor, r Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			reported in	Section P:		Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		Check		_ Deb	bit Card
Purpose of Expenditure (by code)	Description		Event #	<i>‡</i>			Amount
Espenditure # (Il applicable)	Type of Expenditure (Itemization in Addendum T Requine None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	penditure)	e of the below" is check. Independent Organization: o		C • D		
		SUBTOTA	L Section T — This	X10000			
		TOTAL of ac	dditional Section T F	Pages			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKERS,	AND CONSULTA	INTS	K	—— ≯	
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